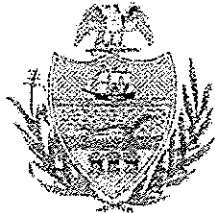


COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

BRUCE KELLEY JR

FEBRUARY 01, 2016

CASE NO.: 16COR00901

FINAL PATHOLOGICAL DIAGNOSES:

- I. PENETRATING GUNSHOT WOUND OF THE TRUNK (A):
 - A. Entrance location: Right anterior lateral neck
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the neck/chest, the right anterior 1st intercostal space, right lung, vena cava, right lobe and caudate lobe of the liver, terminal ilium, and muscles of the left anterior inguinal region
 - D. Direction: Right to left and downward
 - E. Recovery: Medium caliber jacketed hollow point bullet from the left anterior inguinal region
- II. PENETRATING GUNSHOT WOUND OF THE TRUNK (B):
 - A. Entrance location: Right upper back
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the back and fractures the right posterior ribs 3 – 9
 - D. Direction: Back to front and downward
 - E. Recovery: Medium caliber deformed and fragmented jacketed hollow point bullet from the right mid back
- III. PERFORATING GUNSHOT WOUND OF THE TRUNK (C):
 - A. Entrance location: Left upper lateral chest
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the chest, left 3rd intercostal space, left lung, heart, right lung and fractures the right 5th rib laterally
 - D. Direction: Front to back, left to right and downward
 - E. Exit location: Right lateral chest

KARL WILLIAMS, MD, MPH, MEDICAL EXAMINER
OFFICE OF THE MEDICAL EXAMINER
1520 PENN AVENUE • PITTSBURGH, PA 15222
PHONE (412) 350-4800 • FAX (412) 350-4899
WWW.ALLEGHENYCOUNTY.US

AUTOPSY REPORT

Case No.: 16COR00901

Page 2 of 20

- IV. PENETRATING GUNSHOT WOUND OF THE CHEST (D):
 - A. Entrance location: Midline anterior chest
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the chest, sternum at the 2nd intercostal space and right 3rd rib anteriorly, right lung, aorta and T₉ vertebral body
 - D. Direction: Front to back
 - E. Recovery: Medium caliber deformed jacketed hollow point bullet from T₉ vertebral body
- V. PENETRATING GUNSHOT WOUND OF THE TRUNK (E):
 - A. Entrance location: Left lateral flank
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the flank, fractures the left 9th rib, left lobe of the liver and stomach near the gastroesophageal junction
 - D. Direction: Front to back, left to right and downward
 - E. Recovery: Medium caliber deformed jacketed hollow point bullet from the right lower back
- VI. PENETRATING GUNSHOT WOUND OF THE TRUNK (F):
 - A. Entrance location: Right mid back
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the right mid back, right posterior ribs 6 – 7, left lung and left main bronchus
 - D. Direction: Back to front, right to left and upwards
 - E. Recovery: Medium caliber deformed jacketed hollow point bullet from the thoracic spine region
- VII. PERFORATING SUPERFICIAL GUNSHOT WOUND OF THE RIGHT UPPER EXTREMITY (G)
 - A. Entrance location: Right anterior medial forearm
 - B. Range: Indeterminate
 - C. Injuries: The bullet lacerates the skin, subcutaneous tissues and muscles of the right forearm
 - D. Direction: Front to back
 - E. Exit location: Right anterolateral forearm

AUTOPSY REPORT

Case No.: 16COR00901

Page 3 of 20

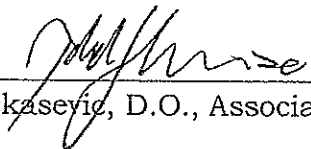
VIII. EVIDENCE OF BLOOD ASPIRATION IN THE LUNGS

IX. POSTMORTEM TOXICOLOGY TO FOLLOW WHEN COMPLETE

OPINION:

Bruce Kelley, Jr., a 37 year old African-American male, died as a result of multiple gunshot wounds of the trunk.

MANNER OF DEATH: Homicide



Todd Luckasevic, D.O., Associate Medical Examiner
alb

AUTOPSY REPORT

Case No.: 16COR00901

Page 4 of 20

NARRATIVE SUMMARY:

The autopsy was performed on February 01, 2016 at 9:00 A.M.

Todd Luckasevic, D.O., Associate Medical Examiner, Prosector

Lisa Leon, Autopsy Room Technician

Donald Kanai, Photographer

Detective Kevin McCool from Allegheny County Homicide was present during the examination

EXTERNAL EXAMINATION:

The body is that of a well-developed, adequately nourished African-American male, weighing 213 pounds, measuring 74 inches, and appearing to be consistent with the age of 37 years.

The body is unembalmed.

The body is clad in the following articles of wearing apparel:

- 1 pair of gray socks
- 1 pair of white socks
- Brown leather boots
- Black coveralls
- Black fleece gloves
- Black denim jeans

AUTOPSY REPORT

Case No.: 16COR00901

Page 5 of 20

- Brown leather belt with brown metal buckle
- Orange shorts
- Blue boxer briefs
- Gray hooded jacket
- Brown/black/white sweater
- Black ski mask
- Tan thermal long-sleeved shirt
- Gray thermal long-sleeved shirt
- White t-shirt
- Gray t-shirt
- White sleeveless t-shirt

There are 6 Taser probes attached to the black coveralls. There are numerous gunshot holes of the coveralls, jacket, sweater, shirts and t-shirts corresponding to the gunshot wounds of the trunk.

The clothing is intact, soiled and wet with blood

The following articles of jewelry are present on the body:

- Yellow metal necklace with yellow metal cross pendant
- 4 rubber bracelets around the right wrist
- 5 rubber bracelets around the left wrist

AUTOPSY REPORT

Case No.: 16COR00901

Page 6 of 20

The temperature of the body is cool to the touch. Rigor mortis is moderately well developed and present to an equal extent in all joints. Pink, non-fixed, scanty livor mortis is evident over the posterior parts of the body, except in areas exposed to pressure, where it is absent. The body shows no evidence of decomposition.

The skin is soiled, pale and wet with blood.

The head is normocephalic.

The head and face exhibit trauma which will be described below. The head hair is black and of a short length. The eyes are brown with pale conjunctivae. The corneae and lenses are transparent. No petechial hemorrhages are noted in the conjunctivae. The pupils are regular, round, equal, central and measure 0.4 cm in diameter. The external ears and external auditory canals are unremarkable. The skeleton of the nose is intact, and no foreign material is present in the nostrils. No foreign material is present in the oral cavity. The gums are normal. The upper and lower teeth are natural and in a fair state of dental repair. The front upper teeth are remotely absent. The lips, oral mucosa and the tongue reveal no evidence of trauma.

A black mustache and beard are present. There are elastic blue yellow and black ties in the beard.

The neck is symmetrical and reveals trauma to be described below. No increased mobility on manipulation is detected.

The shoulders are symmetrical.

AUTOPSY REPORT

Case No.: 16COR00901

Page 7 of 20

The chest is symmetrical and exhibits trauma which will be described below. The breasts are symmetrical.

The abdomen is flat and no masses can be palpated through the abdominal wall.

The back is symmetrical and exhibits trauma which will be described below.

The external genitalia and the anus are unremarkable. The testes are palpable in the scrotum. No injuries of the upper thighs, perineum or anus are detected. No foreign bodies or hemorrhages are noted in the anal canal.

The extremities are symmetrical and exhibit trauma which will be described below. Brown paper bags have been placed about both hands and secured at the area of the wrists by tape. No broken or missing fingernails are noted. The hands are bloody and soiled with dirt. The fingernails are regular, dirty, short and unremarkable. The toenails are dirty, short and unremarkable. There is some clubbing of the fingernails. The skin of the legs does not exhibit brown dyspigmentation or dystrophic changes. Pitting edema is not present in the ankles or legs. The soles of the feet are clean and unremarkable.

Manipulation of the neck, shoulders, elbows, wrists, fingers, hips, knees and ankles fails to elicit any bony crepitus or abnormal motion.

AUTOPSY REPORT

Case No.: 16COR00901

Page 8 of 20

The body shows the following evidence of recent physical injury:

I. Multiple Gunshot Wounds of the Trunk and Extremities (7 lettered for convenience without regard to chronology)

A. Penetrating Gunshot Wound of the Trunk

On the right anterolateral neck, centered 8 ½ inches from the top of the head and 3 ½ inches right of the anterior midline is a ¼ inch round gunshot wound of entrance with a concentric abrasion margin measuring up to ⅛ inch. There are associated irregular abrasions located at the 11 o'clock position of the wound measuring up to ½ inch and ¼ inch at the 9 o'clock position. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the right neck and upper right chest. The bullet then courses between the clavicle and right anterior 1st intercostal space. The bullet then lacerates the right lung, vena cava, right lobe and caudate lobe of the liver, the terminal ileum, and muscles of the left anterior inguinal region. Within the muscles of the left anterior inguinal region, centered 28 inches from the top of the head and 4 inches left of the anterior midline a medium caliber jacketed hollow point bullet is recovered. The path of the bullet is from right to left and downward.

AUTOPSY REPORT

Case No.: 16COR00901

Page 9 of 20

B. Penetrating Gunshot Wound of the Trunk

On the right upper posterior back, centered 9 ½ inches from the top of the head and 4 inches right of the posterior midline is a ¼ inch round gunshot wound of entrance with a concentric abrasion margin measuring up to ⅛ inch. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the right upper back. The bullet then fractures the posterior paraspinal surfaces of the right posterior ribs 3 – 9. Within the subcutaneous tissues of the right mid back centered 22 ½ inches from the top of the head and 4 ¼ inches right of the posterior midline is a 1 inch triangular defect with underlying deformed and fragmented medium caliber jacketed hollow point bullet that is recovered. The path of the bullet is from back to front and downward.

C. Perforating Gunshot Wound of the Trunk

On the left upper lateral chest, centered 12 ¾ inches from the top of the head and 5 ½ inches left of the anterior midline is a ¼ inch round gunshot wound of entrance with a concentric abrasion margin measuring up to 1/16 inch. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the chest. The bullet then enters the left chest cavity by coursing through the left 3rd intercostal space

AUTOPSY REPORT

Case No.: 16COR00901

Page 10 of 20

anteriorly. The bullet then lacerates the left lung, the heart, and the right lung. The bullet then exits the right lateral chest by fracturing the right 5th rib laterally. On the right lateral chest, centered 19 inches from the top of the head and 8 ½ inches right of the anterior midline is a ½ inch linear gunshot wound of exit. The path of the bullet is from front to back, left to right, and downward.

D. Penetrating Gunshot Wound of the Chest

On the anterior midline chest, centered 14 ¾ inches from the top of the head and at the anterior midline is a ¼ inch round gunshot wound of entrance with a concentric abrasion margin measuring up to 1/16 inch. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the chest. The bullet then fractures the sternum at the 2nd intercostal space and right 3rd rib anteriorly. The bullet then lacerates the right lung, aorta, and the T₉ vertebral body. Within the vertebral body of the 9th thoracic vertebra, a deformed medium caliber jacketed hollow point bullet is recovered. The path of the bullet is from front to back.

E. Penetrating Gunshot Wound of the Trunk

On the left lateral flank, centered 21 ¼ inches from the top of the head and 9 ½ inches left of the anterior midline is a ¼ inch round gunshot wound of

AUTOPSY REPORT

Case No.: 16COR00901

Page 11 of 20

entrance with a concentric abrasion margin measuring up to $\frac{1}{16}$ inch. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the left flank. The bullet then enters the left abdominal cavity by fracturing the left 9th rib laterally. The bullet then injures the left lobe of the liver and the stomach near the gastroesophageal junction. Within the subcutaneous tissues of the right lower back, a medium caliber deformed jacketed hollow point bullet is recovered. This bullet is recovered from the right lower back centered 24 $\frac{1}{2}$ inches from the top of the head and 4 inches right of the posterior midline creating a small slit-like $\frac{1}{8}$ inch laceration to the skin. The path of the bullet is front to back, left to right and downward.

F. Penetrating Gunshot Wound of the Trunk

On the right mid back, centered 21 $\frac{1}{2}$ inches from the top of the head and 4 $\frac{1}{2}$ inches right of the posterior midline is a $\frac{1}{4}$ inch round gunshot wound of entrance with a concentric abrasion margin measuring up to $\frac{1}{16}$ inch. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the right mid back. The bullet then fractures the right posterior ribs 6 – 7. The bullet then lacerates the left lung including the left main bronchus. Within the left main bronchus near

AUTOPSY REPORT

Case No.: 16COR00901

Page 12 of 20

the mid thoracic spine region, a deformed medium caliber jacketed hollow point bullet is recovered. The path of the bullet is from back to front, right to left and upwards.

G. Superficial Perforating Gunshot Wound of the Right Upper Extremity

On the right anterior medial forearm, centered 18 inches from the top of the right acromion process is a ½ inch round gunshot wound of entrance. There is no soot or gunpowder stippling present on the skin. The bullet creates a hemorrhagic and destructive wound path through the skin, subcutaneous tissues and muscles of the right forearm. On the right anterior lateral forearm, centered 18 inches from the right acromion process is an oval-shaped, 1 inch gunshot wound of exit. The path of the bullet is from front to back.

Additional Injuries:

- Red abrasion ¼ x ¼ inch of the right mid abdomen
- Small superficial laceration ¼ x 1/16 inch of the anterolateral base of the left thumb
- Superficial laceration ¼ x 1/16 inch of the left ear

Evidence of recent medical/surgical treatment:

1. There are 4 adhesive electrocardiogram electrodes on the chest.

AUTOPSY REPORT

Case No.: 16COR00901

Page 13 of 20

Other identifying features:

- Tattoo depicting the name "Bruce" of the left upper arm
- Remote linear scar 3 x ½ inch of the left antecubital fossa
- Remote hyperpigmented scar 1 ½ x ½ inch of the dorsal left middle finger
- Remote scar ¼ x ¼ inch of the left anterior medial knee
- Remote scar 1 x 1 inch of the left anterior knee
- Remote scar 1 ½ x ½ inch of the right anterior knee
- Remote scar 2 x 1 inch of the right anterior knee
- Remote linear scar 2 x ¼ inch of the right anterior thigh

An Allegheny County Medical Examiner's identification tag is present around the left ankle.

No fresh needle marks or punctiform scars are noted in either antecubital fossa, interphalangeal spaces of the hands or feet, under the tongue or on the gums.

AUTOPSY REPORT

Case No.: 16COR00901

Page 14 of 20

INTERNAL EXAMINATION:

BODY CAVITIES:

The body is opened by a "Y" shaped incision. The abdominal fat pad is 2.4 cm thick at the umbilicus. The muscles of the chest and abdominal wall are normal in color and consistency. The ribs, sternum and spine exhibit fractures as described above. The pleurae are smooth. Each pleural cavity contains 500 cc of blood. The domes of the diaphragm are normally positioned. The peritoneum is smooth and thin and contains brown gastric contents. The peritoneal cavity contains 500 cc of blood. The liver and spleen do not extend below the costal margins. The bladder lies below the symphysis pubis. The organs of the pleural and peritoneal cavities are in their usual positions in situ. The mesentery and omentum are unremarkable. The pulmonary artery is opened in situ and no emboli are seen.

At this time representative samples of blood, urine, bile and eye fluid are taken for toxicological examination.

CARDIOVASCULAR SYSTEM:

The heart weighs 340 grams. The pericardium is thin, smooth and contains 50 cc of blood. The epicardial surface is smooth. There is a moderate amount of epicardial fat. The external configuration of the heart is unremarkable. The chambers of the heart are of normal size. The right and left ventricles reveal bullet lacerations. The endocardium and valve leaflets are smooth, transparent and exhibit no thrombi, vegetations or fibrosis. The circumference of the valves are as follows:

AUTOPSY REPORT

Case No.: 16COR00901

Page 15 of 20

tricuspid: 12 cm; pulmonic: 8.1 cm; mitral: 12 cm and aortic: 7.2 cm. The mitral valve is lacerated by a bullet path. The trabeculae carneae and papillary muscles are unremarkable. The chordae tendineae are usual. The right ventricle is 0.4 cm thick, and the left ventricle is 1.4 cm thick. The septum is 1.6 cm thick. The coronary arteries have their usual distribution with a right predominance. The right and left coronary ostia are normal in patency. Multiple cross-sections of the coronary arteries, at 0.2 cm intervals show the following pathological changes: Left anterior descending coronary artery reveals tunneling for a length of 2 cm and depth of 0.3 cm. The myocardium is of the usual consistency, red-brown and grossly homogeneous.

The aorta is lined by a smooth, tannish-yellow endothelium and is unremarkable except for a large bullet laceration at the level of T9.

The bifurcation of the iliacs is patent.

The venae cavae reveals bullet lacerations as described above.

RESPIRATORY SYSTEM:

The right lung weighs 430 grams, and the left lung weighs 470 grams. The tracheal mucosa is unremarkable. The pleurae are smooth, delicate and glistening. The lungs are not distended and are variegated pink-gray to dark purple. The lung parenchyma is of the usual consistency and mottled with a slight amount of anthracotic pigment. The lung tissue is moderately congested and reveals blood aspiration. No purulent exudate is expressed from the parenchyma on compression.

AUTOPSY REPORT

Case No.: 16COR00901

Page 16 of 20

No nodularity and no focal or diffuse lesions are seen. There are numerous bullet lacerations of the lungs.

The extra and intra-pulmonary bronchi are opened longitudinally, patent and unremarkable. The pulmonary arteries and veins exhibit no pathological change. The hilar and mediastinal lymph nodes are unremarkable.

HEPATOBIILIARY SYSTEM:

The liver weighs 1690 grams. The capsule of Glisson is transparent. The external surface is smooth, glistening and reddish-brown. The borders are sharp. The parenchyma is of the usual consistency, congested and brown/red with the usual lobular architecture and no focal or diffuse lesions. There are bullet lacerations of the liver as described above.

The gallbladder has delicate walls, contains 10 cc of green thin bile and has a smooth mucosa. No stones are present.

The intra and extra-hepatic biliary ducts are patent. The hepatic and portal veins and the hepatic artery are unremarkable.

HEMOLYMPHATIC SYSTEM:

The spleen weighs 110 grams and is of the usual consistency. The capsule is glistening and intact. The internal architecture is blurred due to congestion. The parenchyma is homogeneous.

There are no enlarged lymph nodes identified.

AUTOPSY REPORT

Case No.: 16COR00901

Page 17 of 20

GASTROINTESTINAL SYSTEM:

The esophagus is empty and unremarkable. The stomach contains 50 cc of brown, partially digested food. There are no drug-like residues, pills or capsules in the stomach. The stomach mucosa is pale with the usual rugal folds. The remainder of the gastrointestinal system is unremarkable. There is a bullet perforation of the terminal ileum.

The vermiform appendix is identified and contains no obstructions.

The retroperitoneum is unremarkable.

PANCREAS:

The pancreas weighs 130 grams. The parenchyma is tan-white and homogeneous.

UROGENITAL SYSTEM:

The kidneys are in the usual position and without malformation. The right kidney weighs 160 grams, and the left kidney weighs 190 grams. The surfaces are slightly granular. The capsules strip easily, revealing a gray-brown surface. The cortico-medullary junctions are well-defined. The renal papillae have no hemorrhage or necrosis. The calyceal and collecting systems are not remarkable. The renal arteries and veins are unremarkable.

The ureters are not dilated or obstructed.

The bladder contains 50 cc of clear yellow urine. The bladder exhibits the usual tannish-pink mucosa with no focal lesion. The ureteral orifices are patent.

AUTOPSY REPORT

Case No.: 16COR00901

Page 18 of 20

The prostate is not enlarged and does not impinge upon the urethra. The tissue of the prostate is lobulated, tan and moderately firm.

ADRENALS:

Both adrenals are of the usual size and shape. The cut surface shows a thin yellow cortex and brown-gray medulla.

MUSCULOSKELETAL SYSTEM:

There are no gross bony deformities. The muscles are well-developed and of the usual color and consistency. No fractures, dislocations, compressions or hemorrhages are noted upon examination of the spine. The vertebral bodies are not remarkable. No hemorrhages are noted in the paravertebral muscles. The sternum, ribs and spine exhibit the usual bone density and marrow.

NECK:

The soft tissues of the neck, the thyroid and cricoid cartilages, larynx, and the hyoid bone show no hemorrhages or evidence of traumatic injury. The thyroid gland weighs 20 grams. The parenchyma is reddish-brown and homogeneous. The laryngeal mucosa is pink/smooth with no focal lesions. There are no paratracheal hemorrhages or masses. There is no food, vomitus or foreign material in the upper airway. The epiglottis and vocal cords are unremarkable. The neck has been examined at the conclusion of the autopsy, after the blood has drained and the tissues are dry.

AUTOPSY REPORT

Case No.: 16COR00901

Page 19 of 20

CENTRAL NERVOUS SYSTEM:

The scalp is reflected from mastoid process to mastoid process, revealing a 1 x 1 inch left temporal subgaleal hemorrhage. The calvarium is intact and when removed, there is no evidence of epidural or subdural hemorrhages. The dura mater is white, smooth and does not exhibit any stains or discolorations. The leptomeninges are not remarkable.

The brain weighs 1560 grams and is of usual consistency. The gyri occupy their usual position, and the sulci exhibit a normal depth. The blood vessels at the base do not reveal any aneurysms or atherosclerosis. The cranial nerves are grossly unremarkable. The cerebral and cerebellar hemispheres are symmetrical and the surface does not display any scar tissue. The ventricles contain the usual amount of colorless fluid. The cerebellar tonsils are not herniated. The left and right uncus and hippocampus are not herniated. Multiple sections through the cerebrum, cerebellum, pons, midbrain and medulla exhibit the usual internal pattern with no focal or diffuse lesions.

The pituitary gland is unremarkable.

The dura covering the vault and the base of the cranium is removed.

The basilar skull is intact.

The atlanto-occipital articulation is intact. The odontoid process shows no fractures or dislocations. The cervical spine appears to be intact.

AUTOPSY REPORT

Case No.: 16COR00901

Page 20 of 20

NOTE:

Gunshot residue testing from both hands was obtained at the beginning of the autopsy.

Other evidence obtained includes samples of scalp and pubic hair, fingernail clippings from both hands, clothing, and recovered bullets.

All evidence is obtained by Autopsy Technician Lisa Leon and placed in an appropriately labeled envelope, with the name of the deceased. They will be submitted to the Forensic Science Laboratory Division of Allegheny County Medical Examiner's Office

MICROSCOPIC EXAMINATION:

The microscopic examination is held at the stage of block preparation.